

**OFFICE OF ADMINISTRATIVE HEARINGS  
STATE EMPLOYEE DISPUTE MEDIATION INTAKE FORM**

**CONFIDENTIAL**

GENERAL INFORMATION			
<b>How many participants are involved?</b>		(Please enter total number of participants here)	
<b>Have all participants agreed to mediate?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't Know
<b>What is the relationship between the participants:</b> <i>Please mark all that apply.</i>			
<input type="checkbox"/> Manager/Subordinate	<input type="checkbox"/> Co-Workers	<input type="checkbox"/> Employee/Department	
<input type="checkbox"/> Supervisor/Subordinate	<input type="checkbox"/> Groups	<input type="checkbox"/> Other	
CASE SUMMARY			
<b>Please mark all that apply:</b>			
<input type="checkbox"/> Communication	<input type="checkbox"/> Recognition	<input type="checkbox"/> Respect	
<input type="checkbox"/> Role Expectation	<input type="checkbox"/> Style	<input type="checkbox"/> Trust	
<input type="checkbox"/> Other	<input type="checkbox"/> See Summary attached	<input type="checkbox"/> See Summary below	
SUMMARY			
(Please provide a detailed summary here)			